

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046620

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1820

STATE FILE NUMBER

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SPRINGFIELDLength of stay in lb
7 YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSPInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY GREENE

c. CITY OR TOWN SPRINGFIELD

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
621 1/2 E. ELMReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JOHN

Middle

LEE

Last

VOLTZ

4. DATE OF DEATH

Month

DEC.

Day

8

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/23/06

9. AGE (last birthday)

56

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ASSISTANT MGR.

10b. KIND OF BUSINESS OR INDUSTRY

SHOE STORE

11. BIRTHPLACE (City and state or country)

ST. JOSEPH, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

RUBEN L. VOLTZ

13b. MOTHER'S MAIDEN NAME

GERTRUDE LYNA

14. NAME OF HUSBAND OR WIFE

HAZEL VOLTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) NO

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

17. INFORMANT

Address

MRS. HAZEL VOLTZ, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN ONSET AND DEATH

sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

UNATTENDED BY A PHYSICIAN

DUE TO (c)

Greene County Coroner was notified

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at 6:45 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

12-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-9-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

ST. JOSEPH, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

12-13-62

26. REGISTRAR'S SIGNATURE

Offie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lucian L. Swadley*

Licensed Embalmer No. 4815

P. O. Address *Springfield, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.